

HOME SUPPORTS STAFF CERTIFICATION

Staff Information:

Name: _____

Social Security Number: 1 2 3 - 4 5 - 6 7 8 9

Address: _____

Phone Number: () _____

The above named staff has demonstrated competency in the areas noted below through the successful completion of training or by exemption from the training as approved by me.

Name of Training	Training/Date	Exemption/Date
Confidentiality, Accountability & Prevention of Abuse and Neglect		X X X X X X X X X X
First Aid		X X X X X X X X X X
Fire Safety / Disaster Preparedness		
Understanding Disabilities (MR/RD or Autism) OR		
Signs and Symptoms of Illness & Seizures		

The above named staff has been oriented to the habits, preferences and interests of _____
_____ and is competent to perform the tasks needed to provide his/her
care.

Recipient/Responsible Party

Date

Relationship of Responsible Party to Recipient